

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1953

6630

State File No. 14825

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 30-33		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon TS</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon TS</b>		0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lebanon Route #2</b>				d. STREET ADDRESS (If rural, give location) <b>Lebanon R#2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Bell</b>		c. (Last) <b>Busick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 23 1953</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Apr. 10, 1872</b>	
9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>8</b>		11. DAYS <b>1</b>		12. HOURS <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Douglas Co. Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Bill Silvey</b>		13b. MOTHER'S MAIDEN NAME <b>Beckie Allison</b>		14. NAME OF HUSBAND OR WIFE <b>J. H. Busick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. H. Busick, Lebanon, Mo. R#2</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>  <b>2 Yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>100</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331x</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2/16</b> , 19 <b>53</b> , to <b>4/23</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4/23</b> , 19 <b>53</b> , and that death occurred at <b>1:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Roger Z. Fisher M.D.</b>		23b. ADDRESS <b>Lebanon, Missouri</b>		23c. DATE SIGNED <b>5/2/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lebanon, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-4-1953</b>		REGISTRAR'S SIGNATURE <b>Hella L. Ray</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lebanon Mo.</b>		ADDRESS	

MAY 14 1953

MAY 9 1953

~~MAY 6 1953~~

Inglede County Health O.

File No. 5-53-80

Date Filed MAY 19 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. R. Palmer

Licensed Embalmer No. 2-208

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.